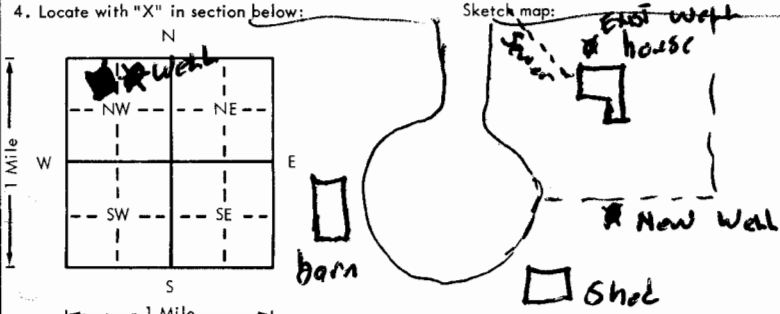


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

1. Location of well:	County <b>McPherson</b>	Fraction <b>NW 1/4 NE 1/4 NW 1/4</b>	Section number <b>26</b>	Township number <b>T 21 S</b>	Range number <b>R 1 E</b>
2. Distance and direction from nearest town or city: <b>4 North &amp; 1 1/2 E of Hesston</b>			3. Owner of well: <b>Gerry Schrag</b> R.R. or street: <b>R.R. #1</b> City, state, zip code: <b>Hesston, Kansas</b>		
4. Locate with "X" in section below: 			6. Bore hole dia. <b>11</b> in. Completion date <b>4/9/79</b> Well depth <b>56</b> ft.		
			7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
			8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			9. Casing: Material <b>plastic</b> Height: Above & below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>2.02</b> lbs./ft. Dia. <b>5</b> in. <b>56</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>258</b>		
5. Type and color of material			From	To	10. Screen: Manufacturer's name <b>Pumpco</b>
<b>Loam</b>			<b>0</b>	<b>3</b>	Type <b>PVC</b> Dia. <b>5"</b>
<b>RED BROWN CLAY</b>			<b>3</b>	<b>9</b>	Slot/gauze <b>.020</b> Length <b>10'</b>
<b>Light Grey clay</b>			<b>9</b>	<b>19</b>	Set between <b>40</b> ft. and <b>50</b> ft.
<b>Light brown clay</b>			<b>19</b>	<b>30</b>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4-1/2"</b>
<b>Red BROWN clay</b>			<b>30</b>	<b>35</b>	11. Static water level: <b>16</b> ft. below land surface Date <b>4/10/79</b>
<b>GREY &amp; BROWN clay streaked</b>			<b>35</b>	<b>40</b>	12. Pumping level below land surfaces: <b>25</b> ft. after <b>12</b> hrs. pumping <b>18</b> g.p.m.
<b>Red BROWN clay</b>			<b>40</b>	<b>43</b>	<b>50/60</b> g.p.m.
<b>Coarse SAND (some gravel size)</b>			<b>43</b>	<b>50</b>	Estimated maximum yield <b>50/60</b> g.p.m.
<b>Green grey Shale</b>			<b>50</b>	<b>54</b>	<input checked="" type="checkbox"/> Water sample submitted: <b>No</b> Date <b>4/10/79</b>
<b>Red soft Shale</b>			<b>54</b>	<b>56</b>	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>18</b> Inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete
					Depth: From <b>0</b> ft. to <b>10</b> ft.
					16. Nearest source of possible contamination: <b>house</b> ft. <b>150</b> Direction <b>NW</b> Type <b>sawyer</b>
					Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: <input checked="" type="checkbox"/> Not installed
					Manufacturer's name _____
					Model number _____ HP _____ Volts _____
					Length of drop pipe _____ ft. capacity _____ g.p.m.
					Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine
					<input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating
					<input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
					(Use a second sheet if needed)
18. Elevation:	19. Remarks: <b>EXISTING well to be filled &amp; sealed &amp; abandoned</b>		20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>PAUL'S INC. #175</b> Business name <b>Box 26 Hesston KS</b> License No. _____ Address _____ Signed <b>Paul Bruch</b> Date <b>4/27/79</b> Authorized representative		

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5